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ARMSTRONG TEASDALE LLP

One Metropolitan Square, Suite 2600
St. Louis, Missouri 63102-2740
Phone: (314) 621-5070
Fax: (314) 621-5065
www.armstrongteasdale.com

**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: February 10, 2004

Examiner: Sabrina A. Chang	:	RE: U.S. Patent Application
Art Unit: 3625	:	Serial No.: 09/480,344
Fax: 703-872-9306	:	Applicant: Kevin Michael Ruppelt et al.
From: Thomas M. Fisher	:	Atty. Dkt. No.: 9D-EC-19337

DOCUMENTS SUBMITTED WITH TRANSMISSION:


*Amendment Transmittal (3 pgs.)
Amendment in Response to Office Action dated December 10, 2003
(30 pgs.)
Fax Transmittal (1 pg.)*

Total pages including cover page: 34
If all pages are not received, please contact: Linda Driscoll at Ext. 7229

RE: The above referenced U.S. Patent Application
Title: METHOD AND APPARATUS FOR PRODUCT SELECTION ASSISTANCE
Filed: January 10, 2000

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,
Facsimile Number 703-872-9306 on the date shown above.


Thomas M. Fisher, Reg. No.: 47,564

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VIA FACSIMILE 1-703-872-9306

PATENT
Attorney Docket No.: 9D-EC-19337

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Kevin Michael Ruppelt et al.	:	
Serial No.:	09/480,344	:	Group No.: 3625
Filed:	January 10, 2000	:	Examiner: Sabrina A. Chang
For:	METHOD AND APPARATUS FOR PRODUCT SELECTION ASSISTANCE	:	

Mail Stop: Non-fee amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

- Transmitted herewith is:
Amendment Transmittal (3 pgs.)
Amendment in response to Office Action dated December 10, 2003 (30 pgs.)
Fax Transmittal which includes Certificate of Facsimile (1 pg.)

STATUS

- Applicant
☐ claims small entity status.
☒ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 420.00	\$ 210.00
<input type="checkbox"/> third month	\$ 950.00	\$ 475.00
<input type="checkbox"/> fourth month	\$1,480.00	\$ 740.00
<input type="checkbox"/> fifth month	\$2,010.00	\$1,005.00

Fee Due \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL		MINUS	=	x \$9 = \$		x \$18 = \$
INDEP.		MINUS	=	x \$43 = \$		x \$86 = \$
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$145 = \$		+ \$290 = \$

TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$
----------------------------	----	----------------------------

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$

FEE PAYMENT

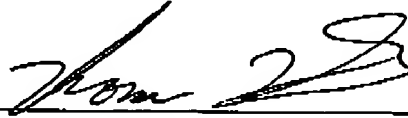
5. Attached is a check in the sum of \$_____
- ☐ Charge Deposit Account No. 01-2384 the sum of \$_____.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:


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Reg. No. 47,564
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Applicants: Kevin Michael Ruppelt et al. :

Art Unit: 3625

Serial No.: 09/480,344 :

Examiner: Sabrina A. Chang

Filed: January 10, 2000 :

For: METHOD AND APPARATUS
FOR PRODUCT SELECTION
ASSISTANCE :

AMENDMENT

Mail Stop: Non-fee amendment
Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated December 10, 2003, please amend the above identified application as follows.